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BIBDATASHEET**CONFIRMATION NO. 8016**

Bib Data Sheet

SERIAL NUMBER 09/509,449	FILING DATE 03/28/2000 RULE	CLASS 435	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. 594.352USWO
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APPLICANTS

KATSUMI AOYAGI, SAITAMA, JAPAN;
 CHIHARU OHUE, SAITAMA, JAPAN;
 KUMIKO IIDA, SAITAMA, JAPAN; SHINTARO YAGI, SAITAMA, JAPAN;

** CONTINUING DATA *****
 This application is a 371 of PCT/JP99/04129 07/30/1999

** FOREIGN APPLICATIONS *****
 JAPAN 10-216094 07/30/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 06/21/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JAPAN	SHEETS DRAWING 2	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
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Verified and Acknowledged
 Examiner's Signature: *[Signature]* Initials: *2L* *2/15/05*

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TITLE
 METHOD FOR MEASUREMENT OF HEPATITIS C VIRUS

FILING FEE	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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Bib Data Sheet


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 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

SERIAL NUMBER 09/509,449	FILING DATE 03/28/2000 RULE -	CLASS 435	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 594.352USWO
APPLICANTS KATSUMI AOYAGI, SAITAMA, JAPAN; CHIHARU OHUE, SAITAMA, JAPAN; KUMIKO IIDA, SAITAMA, JAPAN; SHINTARO YAGI, SAITAMA, JAPAN;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/JP99/04129 07/30/1999				
** FOREIGN APPLICATIONS ***** <i>19</i> JAPAN 10-216094 07/30/1998				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/21/2000 -				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY JAPAN	SHEETS DRAWING 2	TOTAL CLAIMS 7
				INDEPENDENT CLAIMS 1
ADDRESS CURTIS B HAMRE MERCHANT & GOULD 90 SOUTH SEVENTH STREET SUITE 3100 MINNEAPOLIS, MN 55402				
TITLE METHOD FOR ASSAYING HEPATITIS C VIRUS				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input checked="" type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	